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STATE OF SOUTH DAKOTA Statement of Legal Newspaper Ownership and Circulation SD Secretary of States

1. TITLE OF NEWSPAPER ROSCOE-HOSMER INDEPE	NDENT	2. DATE 9/29/2022
3. FREQUENCY OF ISSUE 3A. NO. OF ISSUES PUBLIS	SHED ANNUALLY 3B. AN	NUAL SUBSCRIPTION
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code)		
(Not printers) PO BOX 7, IPSWICH, SD 57451-0007		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE		
PUBLISHER (Not printers) PO BOX 7, IPSWICH, SD 57451-0007		
6. FULL NAME OF PUBLISHER: DWAIN GIBSON		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. FULL NAME COMPLETE MAILING ADDRESS		
TENA & DWAIN GIBSON	PO BOX 7, IPSWICH, SD 57451-0007	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING I PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. NONE §		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	460	477
 B.PAID AND/OR REQUESTED CIRCULATION Sales through dealers and carriers, street vendors, and counter sales. 	13	1.1
Mail Subscription (Paid and or requested)	271	266
3. Paid Electronic Copies		
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	284	277
D.FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	2	1
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	286	278
F. COPIES NOT DISTRIBUTED 4. Office use, left over, unaccounted, spoiled after printing	162	185
2. Return from News Agents	12	14
G.TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)	460	477
Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete:		
Dwain Hilson	PUBLISHER	
Dwain Hibson (Signature)	(Title)	
State of South Dakota)	Sworn to before me this 29 day of Sept. , 2022	
County of EDMUNDS)	Jena M gibsn Notary Public	
(C N	My commission expires: 2/26/2025	